

Dear Helen and Jim,

## **2016/17 CCG annual assessments**

The CCG annual assessment for 2016/17 provides each CCG with a headline assessment against the indicators in the CCG improvement and assessment framework (CCG IAF). The CCG IAF aligns key objectives and priorities as part of our aim to deliver the *Five Year Forward View*. The headline assessment has been confirmed by NHS England's Commissioning Committee.

This letter provides confirmation of the annual assessment, as well as a summary of any areas of strength and where improvement is needed from our year-end review (**Annex A**).

Detail of the methodology used to reach the overall assessment for 2016/17 can be found at **Annex B**. The categorisation of the headline rating is either outstanding, good, requires improvement or inadequate.

The final draft headline rating for 2016/17 for NHS Wolverhampton CCG is **Outstanding**.

Overall, the results for the NHS in England in 2016/17 represent an improvement from 2015/16, which is a significant achievement for commissioners and is representative of - much hard work during what has been a difficult year.

The 2016/17 annual assessments will be published on the CCG Improvement and Assessment page of the NHS England website on 19 July 2017. At the same time they will be published on the MyNHS section of the NHS Choices website. The

dashboard with the data has already been made available through NHS England regional teams, and will be reissued with year-end ratings on 19 July 2017. CCGs will also receive confirmation of their assessment in three clinical priority areas (cancer, mental health and dementia), at the same time. Assessments for diabetes, learning disabilities and maternity are expected to follow later in the year.

Thank you for your CCG's contribution to delivering the *Five Year Forward View*, and your focus on making improvements for local people. I look forward to working with you and your colleagues during 2017/18, including following up on the annual assessment.

I would ask that you please treat your headline rating **in confidence** until NHS England has published the annual assessment report on its website on 19 July. This rating remains draft until formal release. Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,

*Alison Tonge*

**Director of Commissioning Operations**  
**NHS England, Midlands and East**

## **Annex A – 2016/17 summary**

### **Key Areas of Strength / Areas of Good Practice**

The CCG has continued to perform at an outstanding level in 2016/17. Key areas of strength are:

- Continued strong leadership and governance of a highly robust organisation with high staff satisfaction and low staff turnover.
- Strong system leadership and grip of Provider performance in the Wolverhampton geography.
- Constructive, yet robust, relationships with all key stakeholders
- Innovative and forward thinking commissioning, for example the implementation of MSK Triage for Wolverhampton ahead of the national drive in this area
- Exemplar patient and public engagement, with demonstrable local results.

### **Key Areas of Challenge**

Areas of ongoing challenge are:

- Building on and further embedding the improvements made in both urgent and elective care delivery at Royal Wolverhampton Trust (RWT).

### **Key Areas for Improvement**

The following are key areas for improvement:

- Delivering and sustaining improvements to the delivery of 62 day cancer performance at RWT – working across West Midlands to address issues with late tertiary referrals

### **Development Needs and Agreed Actions**

- Work across the STP footprint to develop joint commissioning plans and arrangements for the Black Country

### **Conditions/Directions/Special Measures**

Not applicable

### **Summary**

Overall, we would like to congratulate Wolverhampton CCG on maintaining exemplar standards of leadership, governance, innovative commissioning and delivery of care in 2017/18.

We recognise that the CCG is fully committed to addressing the remaining areas which require focused attention, most notably the need to work jointly with the other Black Country CCGs to develop joint commissioning plans for the STP footprint.

## Annex B – Assessment Methodology

### NHS England’s annual performance assessment of CCGs 2016/17

1. The CCG IAF comprises 60 indicators selected to track and assess variation across 29 policy areas covering performance, delivery, outcomes, finance and leadership. This year, assessments have been derived using an algorithmic approach informed by statistical best practice; NHS England’s executives have applied operational judgement to determine the thresholds that place CCGs into one of four performance categories overall.

#### Step 1: indicator selection

2. A number of the indicators were included in the 2016/17 IAF on the basis that they were of high policy importance, but with a recognition that further development of data flows and indicator methodologies may be required during the year. However, by the end of the year, there were data limitations for four of the indicators, so these have been excluded. These four indicators are set out below:

Indicator	Rationale for exclusion
Percentage of deaths which take place in hospital	End of life choice indicator – placeholder only for 2016/17, new indicators introduced for 2017/18
Ambulance waits	Data not available for pilot sites
Outcomes in areas with identified scope for improvement	Data available for 65 wave 1 CCGs only
Expenditure in areas with identified scope for improvement	Data available for 65 wave 1 CCGs only

#### Step 2: indicator banding

3. For each of the 209 CCGs, the remaining 56 indicator values are calculated. For each indicator, the distance from a set point is calculated. This set point is either a national standard, where one exists for the indicator (for example in the NHS Constitution); or, where there is no standard, typically the CCG’s value is compared to the national average value.
4. Indicator values are converted to standardised scores (‘z-scores’), which allows us to assess each CCG’s deviation from expected values on a common basis. CCGs with outlying values (good and bad) can then be identified in a consistent way. This method is widely accepted as best practice in the derivation of

assessment ratings, and is adopted elsewhere in NHS England and by the CQC, among others.<sup>1</sup>

5. Each indicator value for each CCG is assigned to a band, typically three bands of 0 (worst), 2 (best) or 1 (in between).<sup>2</sup>

### **Step 3: weighting**

6. Application of weightings allows the relatively greater importance of certain components (i.e. indicators) of the IAF to be recognised and for them to be given greater prominence in the rating calculation.
7. Weightings have been determined by NHS England, in consultation with operational and finance leads from across the organisation, and signal the significance we place on good leadership and financial management to the commissioner system:
  - Performance and outcomes measures: 50%;
  - Quality of leadership: 25%; and,
  - Finance management: 25% (the assessment of financial plan is zero weighted to ensure focus on financial outturn)
8. These weightings are applied to the individual indicator bandings for each CCG to derive an overall weighted average score (out of 2).

#### Figure 1: Worked example

Anytown CCG has:

- Quality of leadership rating of “red” (equivalent to a banded score of 0)
- Finance management rating of “amber” (equivalent to banded score of 1)
- Finance plan is zero weighted.
- For the remaining 53 indicators, 9 are banded as 0 (outlying, worst), 12 are banded as 2 (outlying, best) and 32 are banded as 1 (in between).
- The total of the banded scores for these indicators is therefore  $(9 \times 0) + (12 \times 2) + (32 \times 1) = 56$
- The weighted average score is calculated as:  
 $[25\% \times 0] + [25\% \times 1] + [50\% \times (56/53)] = 0.78$

### **Step 4: setting of rating thresholds**

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<sup>1</sup> Spiegelhalter et al. (2012) *Statistical Methods for healthcare regulation: rating, screening and surveillance*

<sup>2</sup> For a small number of indicators, more than 3 score levels are available, for example, the leadership indicator has four bands of assessment.

9. Each CCG's weighted score out of 2 is plotted in ascending order to show the relative distribution across CCGs. Scoring thresholds can then be set in order to assign CCGs to one of the four overall assessment categories.
10. If a CCG is performing relatively well overall, their weighted score would be expected to be greater than 1. If every indicator value for every CCG were within a mid-range of values, not significantly different from its set reference point, each indicator for that CCG would be scored as 1, resulting in an average (mean) weighted score of 1. This therefore represents an intuitive point around which to draw the line between 'good' and 'requires improvement'.
11. In examining the 2016/17 scoring distribution, there was a natural break at 1.45, and a perceptible change in the slope of the scores above this point. This therefore had face validity as a threshold and was selected as the break point between 'good' and 'outstanding'.
12. NHS England's executives have then applied operational judgement to determine the thresholds that place CCGs into the 'inadequate'. A CCG is rated as 'inadequate' if it has been rated red in both quality of leadership and financial management.
13. This model is also shown visually below:

